

**PLEASE PRINT**  
(Ink Only – No Pencil)

**City of Costa Mesa Recreation Division**  
**MINOR RELEASE AND EMERGENCY FORM**

Class/Program Name \_\_\_\_\_

Class/Program # \_\_\_\_\_ Year \_\_\_\_\_

Child's Name \_\_\_\_\_ (FIRST) (LAST) ☐ Male ☐ Female Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Email \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ NAME (FIRST) (LAST) Parent/Guardian \_\_\_\_\_ NAME (FIRST) (LAST)  
Address \_\_\_\_\_ (STREET) (CITY) (ZIP) Address \_\_\_\_\_ (STREET) (CITY) (ZIP)  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I agree to waive and release the Recreation Division of the City of Costa Mesa, its officers, agents and employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in CITY'S PROGRAMS or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the CITY from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of CITY or its employees. Participants in programs are subject to being photographed and such photographs may be used to publicize future City programs. I understand I will not receive any compensation for such use.

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. ☐ Yes ☐ No

If your child has been the subject of discipline/suspension/expulsion in any recreational programs; then the City reserves the right to immediately unenroll a child who has had this history and who exhibits disruptive conduct.

As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for your participation in the above mentioned activities? ☐ Yes ☐ No If Yes, please explain \_\_\_\_\_

Please note that we cannot know to provide reasonable accommodation unless specified by you.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE  
Family Physician \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Type of Coverage \_\_\_\_\_  
Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) \_\_\_\_\_

**EMERGENCY INFORMATION (other than parents)**

Name \_\_\_\_\_ M – F Daytime Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Evening/Weekend Phone \_\_\_\_\_

1238-72 (rev. 6/11)

**PLEASE PRINT**  
(Ink Only – No Pencil)

**City of Costa Mesa Recreation Division**  
**MINOR RELEASE AND EMERGENCY FORM**

Class/Program Name \_\_\_\_\_

Class/Program # \_\_\_\_\_ Year \_\_\_\_\_

Child's Name \_\_\_\_\_ (FIRST) (LAST) ☐ Male ☐ Female Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Email \_\_\_\_\_ School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ NAME (FIRST) (LAST) Parent/Guardian \_\_\_\_\_ NAME (FIRST) (LAST)  
Address \_\_\_\_\_ (STREET) (CITY) (ZIP) Address \_\_\_\_\_ (STREET) (CITY) (ZIP)  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I agree to waive and release the Recreation Division of the City of Costa Mesa, its officers, agents and employees and volunteers, from and against any claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising out of my participating in CITY'S PROGRAMS or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the CITY from and against any and all claims, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of CITY or its employees. Participants in programs are subject to being photographed and such photographs may be used to publicize future City programs. I understand I will not receive any compensation for such use.

I hereby consent to treatment and all medical care deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. ☐ Yes ☐ No

If your child has been the subject of discipline/suspension/expulsion in any recreational programs; then the City reserves the right to immediately unenroll a child who has had this history and who exhibits disruptive conduct.

As part of our commitment to the "Americans with Disabilities Act" and our participants, are there any special accommodations needed for your participation in the above mentioned activities? ☐ Yes ☐ No If Yes, please explain \_\_\_\_\_

Please note that we cannot know to provide reasonable accommodation unless specified by you.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE  
Family Physician \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Type of Coverage \_\_\_\_\_  
Pertinent medical history information (Epilepsy, Diabetes, Allergies, etc.) \_\_\_\_\_

**EMERGENCY INFORMATION (other than parents)**

Name \_\_\_\_\_ M – F Daytime Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Evening/Weekend Phone \_\_\_\_\_

1238-72 (rev. 6/11)